

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS

REVIEW CRITERIA
REVISED EFFECTIVE DECEMBER 1, 1999

**CRITERIA NUMBER 21 - DIAGNOSIS AND TREATMENT OF NECK AND BACK
(SPINAL) INJURIES**

**CONSERVATIVE OUTPATIENT TREATMENT
(FROM 7 TO 12 WEEKS FROM DATE OF INJURY)**

I. Inclusions:

- A. The following persistent conditions would be included in these criteria:
1. return to part or full time work with limiting symptoms; **or**
 2. symptoms unimproved over 3 weeks with treatment; **or**
 3. not back to work with symptoms (supported by objective findings); **or**
 4. symptoms over 2 weeks without treatment.

II. Diagnostic Testing Allowed: (From 7 to 12 weeks from date of injury, unless the test has been previously completed):

- A. X-rays:
1. back - Maximum 4 views (one study **allowed**)
 2. neck - Maximum 5 views (one study **allowed**)
- B. FCE or WCE (one study allowed): must be supported by objective findings and measurements

III. Diagnostic Tests Not Allowed:

- A. MRI, CT scan, Bone Scan*
- B. Computer Back Testing
- C. EMG and Nerve Conduction Studies
- D. Thermogram
- E. Myelogram
- F. Evoked Potentials

***Exception:** An MRI, CT Scan or Bone Scan (**one Study**) is **allowed** under the following circumstances:

1. an emergency, serious, underlying medical condition; **or**
2. physiological evidence of neurological dysfunction; **or**
3. failure to progress or respond.

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1. an emergency, serious, underlying medical condition; **or**
2. physiological evidence of neurological dysfunction; **or**
3. failure to progress or respond.

IV. Outpatient Treatment Modalities Allowed:

- A. prescribed non-narcotic analgesics, muscle relaxants, non-steroidal anti-inflammatory agents
- B. traction (neck)
- C. trigger point injection - maximum of one injection between weeks 7 and 12 only
- D. manual therapy/spinal adjustment/manipulation
- E. physical agents (heat/cold, electrical stimulation, iontophoresis/phonophoresis, ultrasound, flourimethane)- maximum of 1 allowed per session
- F. patient education regarding activities of daily living and joint protection techniques, monitored exercise – encouraged
- G. activity - formal employer contact for transitional/modified work availability- encouraged

V. Outpatient Treatment *Not* Allowed:

- A. Scheduled narcotic medication
- B. spinal traction (back)
- C. TENS
- D. physical agents (heat/cold, electrical stimulation, iontophoresis/phonophoresis, ultrasound, flourimethane)- ***not allowed*** as the only treatment

VI. Outpatient Office Visits Allowed:

- A. Medical - maximum two (2) visits between weeks 7 and 12
- B. Chiropractic Medicine - maximum ten (10) visits between weeks 7 and 12

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C. Occupational Therapy - maximum ten (10) visits between weeks 7 and 12

D. Physical Therapy - maximum ten (10) visits between weeks 7 and 12

VII. Special Instructions:

- A. Similar discipline services shall not be duplicated for injured workers treated by more than one discipline (e.g., Physical Therapy, Occupational Therapy, Allopathic Medicine, and Chiropractic Medicine).*
- B. For review criteria for treatment beyond 12 weeks from date of injury, see review criteria # 26 or #27.*

VIII. Level of Care Required:

- A. Outpatient*